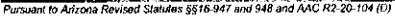
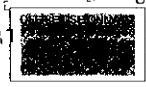


## APPLICATION FOR CERTIFICATION

AN APRICIPANTE SANDERAN





			93157
NAME OF CANDIDATE  Tretchen Wolfe	OFFICE SOUGHT (include Legislative District, if applicable)		
ADDRESS (NUMBER & STREET)	Chandler	A2	8522S
904 E. Saragosa St.  MAILING ADDRESS (if different from above)  P. O. Box 3125	Chardler	AZ.	85244
CANDIDATE'S TELEPHONE # CANDIDATE'S FAX # 480 - 329 - 6493	CANDIDATE'S E-MAIL ADDRE	_	ok net
CANDIDATE'S PARTY AFFILIATION (if any)			
Friends of Gretchen Wolfe			
P. O. Box 3125	Chandler	AZ.	852W
COMMITTEE'S PHONE #   COMMITTEE'S FAX # .	Gretchen Wolf	: =@ (a	onet
NAME OF DESIGNATED INDIVIDUAL WITH AUTHORITY TO WITHDRAW FUNDS (IF APPLICABLE) (A.R.S. §16-948)			
DESIGNATED INDIVIDUAL'S ADDRESS	CITY	STATE	ZIP
DESIGNATED INDIVIDUAL'S TELENHONE DESIGNATED INDIVIDUAL'S FAX #	DESIGNATED INDIVIDUAL'S E	E-MÀIL ADDF	RESS
LIST THE NAME OF THE FINANCIAL INSTITUTION FROM WHICH THE CANDIDATE AND THE DESIGNATED INDIVIDUAL WILL CONDUCT ALL FINANCIAL ACTIVITY FOR THE CANDIDATE'S CAMPAIGN COMMITTEE (do not list account number). (A.R.S. §16-948(A)).  Wells Farso			

designate as my duly authorized Designated Individual, with the authority to withdraw funds and make expenditures from my campaign account on my behalf.

CCEC-003-APP/CERT-08/28/01